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(Column 1) (Column 2) (Column 3) APPLICATION SIZE States of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e). MAATIPLE DEPENDENT CLAIM PRESENT (57 CFR 1.16(g)) *# the difference in column 1 is less than zero, enter 'V' in column 2. APPLICATION AS AMENDED — PART II (Column 1) (Column 2) (Column 3) ** The difference in column 1 is less than zero, enter 'V' in column 2. TOTAL APPLICATION AS AMENDED — PART II (Column 1) (Column 2) (Column 3) ** SMALL ENTITY RATE (3) ADDITIONAL FEE (3) AMENDMENT PROPRIED PROPRIED PRESENT PRESENT PRESENT PRESENT PRESENT PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(g)) ** FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(g)) ** FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(g)) ** TOTAL ADDITIONAL ADDITI	<u> </u>	PAIG	MI APPLI	Substi	N FEE DETI	N REC	I RECORD			Application or Docket Number 10 / 6 4 7 3 7 3		
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4 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate how in patient 1.	•••	" if the "Flighest Num " If the "Flighest Num The "Highest Num!	mber Previously mber Previously : ber Previously P	Paid For Paid For Paid For (' IN THIS SPACE IN THIS SPACE I Total or Independ	is less than 20, o is less than 3, on lent) is the binber	inter "20". Her "3".	L.	ne sporondele			1700
This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (end by USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complimating application.	his o	auccion oi miormis	uon en reckered	DV 37 CF	R 1 16 The Infor	mation la cacido	ed in all sle		a a bana61 h		tio adda to to to	ie (and by the

unasum genering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.